

Date:				Program Specialist:					
CHILD AND ADULT CARE FOOD PROGRAM OUTREACH Potential Sponsor Information									
Name of Sponsor:									
Address:									
Phone #:				Person Contacted:					
Fax #:				County:					
PROGRAM INFORMATION									
Years Day Care in Operation:									
Is this a residential program?									
Is/are the center(s) managed by a management company? (If yes, explain)									
SPONSOR TYPE:									
<input type="checkbox"/> Head Start <input type="checkbox"/> Government <input type="checkbox"/> PNP <input type="checkbox"/> Military <input type="checkbox"/> Title XX (SSBG) <input type="checkbox"/> Title XIX <input type="checkbox"/> Proprietary <input type="checkbox"/> Church Tax Exemption: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Applying <input type="checkbox"/> NA (Proprietary) If applying, sponsors must retain the required information. (ACKNOWLEDGEMENT OF RECEIPT letter from IRS.)									
CCFP ENROLLMENT NUMBERS:									
	Under 2 ½		2½ -5		6 -12		School Age-18		Total Enrollment
What is the primary purpose of the program for the 6-12 age group?									
List the Hours of Care:									
Number of Sites:				Licensed:		<input type="checkbox"/> No <input type="checkbox"/> Yes			
Age:				Max Cap.:				Exp. Date:	
Average Income:				Low:				Average:	
								High:	

ADULT DAY CARE ENROLLMENT NUMBERS:						
	Under 60		60 or Older		Total	
Are any of the participants Title III Recipients?				<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does your center have a Structured Comprehensive Program?				<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Explain:						
Is an Individual Plan of Care on file for each participant?				<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Number of Sites:		Licensing/Approval Agency:				
License/Contract Approval Dates:			Capacity:			
Average Income:		Low:		Average:		High:
FOOD SERVICE:						
<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended						
If vended, explain the type of food service anticipated for sponsors eligible for the AFP:						
What meal types does the agency anticipate serving? (Circle one)		B	AM	L	PM	D
First time in food program? (If no, explain)		<input type="checkbox"/> No <input type="checkbox"/> Yes				
How did you learn about our program?						
Which training are you interested in attending:		<input type="checkbox"/> February <input type="checkbox"/> May <input type="checkbox"/> August <input type="checkbox"/> November				
COMMENTS:						

Date of G-4

